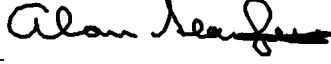


ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4						
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.														
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.														
1. CONTRACT/PURCH ORDER NO. SPM760-04-V-1084			2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2004 SEP 14		4. REQUISITION/PURCH REQUEST NO. 0010608318		5. PRIORITY DOC9					
6. ISSUED BY Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PMCMAZ4 () 692-2696 / FAX: (614)693-1553 E-mail: Jeannine.Taylor@dla.mil			CODE SP0700		7. ADMINISTERED BY (If other than 6) DEFENSE SUPPLY CENTER COLUMBUS PO BOX 3990 COLUMBUS OH 43218-3990 CRITICALITY: C			CODE SP0700		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)				
9. CONTRACTOR CONES REPAIR SERVICE, INC. 2408 40TH AVE MOLINE IL 61265-7234 Vendor's Copy was sent EDI. Do not Duplicate shipment.			CODE 8J322		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 60 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS							12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15					
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY DFAS BVDP (SL4701) P.O. BOX 369031 COLUMBUS OH 43236-9031 EFT: T			CODE SL4701		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER				
16. TYPE OF ORDER		DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.										
		PURCHASE		Reference your offer dated 2004 AUG 09 and furnish the following on terms specified herein.										
		<input checked="" type="checkbox"/>		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE BX:97X 4930 5CBX 001 2630 S33														
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
						TOTAL: 1								
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA Alan Searfoss BY: 					25. TOTAL \$ 68.00				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED					27. SHIP. INQ. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE		30. INITIALS			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____														
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.				

CONTINUATION SHEET

Order Number:

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SECTION B

PR 0010608318
NSN 4820-01-209-0272

ITEM DESCRIPTION:

VALVE, CHECK.

NO DATA IS AVAILABLE. THE ALTERNATE OFFEROR IS
REQUIRED TO PROVIDE A COMPLETE DATA PACKAGE
INCLUDING DATA FOR THE APPROVED AND ALTERNATE
PART FOR EVALUATION.

CLEVELAND RANGE LLC (13059) P/N KE00350

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	0010608318	0001	1	EA	\$68.00000	\$68.00

QTY VARIANCE: PLUS 0% MINUS 0%
INSP/ACCEP POINT: I/A/W FAST PAY PROCEDURES

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule

CONTINUED ON NEXT PAGE

SECTION B

and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: DESTINATION BY: 2004 NOV 13

PARCEL POST ADDRESS:

V03365
USS ENTERPRISE CVN 65

FPO AE 09543
US

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) V0336542006F11 XXX
RDD 2 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ EP5 TP 2
SUP ADD SIG A

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

V03365
USS ENTERPRISE CVN 65
CALL NAVAL OPERATIONAL LOGISTICS
SUPPORT CENTER NOLSC
PHONE CML 757 443 5434 DSN 646 5434
US

FOR GOVERNMENT USE ONLY: IPD 05

DIC A41 DIST A9C ADV 2A FC DR

* * * * *

REMIT PAYMENT TO:

* * * * *

CONTINUED ON NEXT PAGE

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<p>THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DLA MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND RESULTING AWARDS REVISION 04 FOUND ON THE WEB SITE AT https://www.dibbs.bsm.dla.mil/</p>			